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UNFPA

**UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES**

Recommendation by the Executive Director
Assistance to the Government of Nigeria

Proposed UNFPA assistance: \$32.5 from regular resources

Programme period: 5 years (1997-2001)

Cycle of assistance: Fourth

Category per decision 96/15: A

Proposed assistance by core programme areas (in millions of \$):

	Regular resources	Total
Reproductive health	24.0	24.0
Population & development strategies	6.5	6.5
Advocacy	2.0	2.0
Total	32.5	32.5

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NIGERIA

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%) ¹	37.0	≥ 60
Contraceptive prevalence rate (15-44) (%) ²	6.0	≥ 55
Access to basic health services (%) ³	66.0	≥ 60
Infant mortality rate (/1000) ⁴	84.0	≤ 50
Maternal mortality rate (/100,000) ⁵	800.0	≤ 100
Gross female enrolment rate at primary level (%) ⁶	51.9	≥ 75
Adult female literacy rate (%) ⁷	42.1	≥ 50

* AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.

¹ WHO, *Coverage of Maternal Care*, 3rd ed., 1993. Data cover the period 1983-1993.

² United Nations Population Division, *World Contraceptive Use 1994*, ST/ESA/SER.A/143. Data cover the period 1986-1993.

³ UNICEF, *The State of the World's Children, 1995*. Data cover the period 1985-1993.

⁴ United Nations Population Division, *World Population Prospects Database 1950-2050, 1994 Revision*. Data are for 1992.

⁵ UNICEF, *The State of the World's Children 1995*, which is based on data compiled by WHO. Data cover the period 1980-1992.

⁶ United Nations Statistical Division, *Women's Indicators and Statistics Database, Version 3 (CD-ROM)*, 1994, which is based on data compiled by UNESCO.

⁷ UNESCO, *Education for All - Status and Trends, 1994*.

Demographic Facts

Population (000) in 1995	111,721	Annual population growth rate (%)	2.8
Population in year 2000 (000)	128,786	Urban	4.8
Sex ratio (/100 females)	98.3	Rural	1.5
Per cent urban	39.3	Crude birth rate (/1000)	42.3
Age distribution (%)		Crude death rate (/1000)	13.9
Ages 0-14	45.5	Net migration rate (/1000)	0.0
Youth (15-24)	18.7	Total fertility rate (woman)	5.97
Ages 60+	4.5	Life expectancy at birth (years)	
Percentage of women aged 15-49	44.9	Males	50.8
Median age (years)	17.2	Females	54.0
Population density (/sq. km.)	121	Both sexes	52.4
		GNP per capita (U.S. dollars, 1994)	280

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, *World Population Prospects: the 1994 Revision*; Annual population growth, including urban and rural data are from DESIPA, *World Urbanization Prospects: the 1994 Revision*. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1997-2001 to assist the Government of Nigeria in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of \$32.5 million, would be programmed from UNFPA's regular resources, to the extent such resources are available, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This is UNFPA's fourth cycle of assistance to Nigeria.
2. The proposed programme was prepared in close collaboration with national authorities. It takes into account the Government's overall objectives for population and development, the findings and recommendations of the multisectoral programme review and strategy development (PRSD) exercise of September 1996, and the proposed programmes of UNDP and UNICEF and of the World Bank.
3. The programme will contribute to the achievement of broad national objectives as described in the country's population policy and other relevant policy documents. As a category "A" country under UNFPA's new approach for resource allocation, Nigeria requires a broad range of reproductive health interventions. Targeting five northern and seven southern states, the programme will focus on improving reproductive health, including family planning and sexual health, services as well as enhancing awareness of population, reproductive health and gender issues. At the federal level, the proposed programme will seek to increase national capacity for integrating population variables into development planning and to improve national coordination and management of population programmes. It will also focus on strengthening political commitment to population issues and on assisting the Government in advocating for the improved social and economic status of women.
4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Nigeria's population of 111 million -- the largest in Africa and tenth largest in the world -- is expected to double within 25 years. Forty per cent of the population is located in urban areas, and the urban population is increasing at the rate of 4.8 per cent annually. Tremendous ethnic, cultural and religious diversity, as well as profound regional disparities, make national policy implementation unwieldy. To compound these difficulties, Nigeria has suffered political instability since its Independence in 1960. Declining oil revenues, a huge external debt burden and rising inflation have reduced the per capita gross national product (GNP) from \$1,000 in 1980 to \$280 in 1994 and has reduced the country's ability to invest in the health and educational sectors.

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6. Nigeria faces many challenges in improving the reproductive health of its people. Only 37 per cent of deliveries are supervised. The maternal mortality rate is very high at 800 per 100,000 live births, and the infant mortality rate is 84 per 1,000. Women suffer from legal and cultural discrimination as evidenced by their low social status, high levels of illiteracy and school drop-out rates. Various sociocultural attitudes and practices have direct implications on the reproductive health of women and adolescents, including early marriage and the prevalence of female genital mutilation. The rates of unwanted pregnancies, unsafe abortion, sexually transmitted diseases (STDs) and complications arising from early child-bearing are high. At the same time, poverty, social attitudes and a lack of services limit the access of women and adolescents to effective reproductive health information and services. The contraceptive prevalence rate is quite low at 6 per cent.

7. The adoption of a national population policy in 1989 and the subsequent establishment of a population activities fund marked a significant shift in government thinking. Previously, Nigerian governments had had a pro-natalist policy and a laissez-faire approach to population, but the Government now recognizes the negative impact of rapid population growth on the pace of social and economic development. However, population variables are not as yet routinely integrated into the formulation of development policies.

Previous UNFPA assistance

8. Working within the context of the country's sociocultural realities and national socio-economic goals, the third UNFPA programme (1992-1996) aimed to decrease maternal and infant mortality and lower the population growth rate. It endeavoured to improve the status of women and encourage their full participation as equal partners in the country's development. Efforts were concentrated on improving primary maternal and child health and family planning (MCH/FP) services in rural areas, in part because other donors focused on urban areas. The Fund supported information, education and communication (IEC) campaigns for targeted groups. It also promoted basic operations research in order to develop effective and culturally-adapted population messages. UNFPA's efforts increased the participation of community-based and non-governmental organizations (NGOs) in project development, implementation and evaluation. Despite the severity of reproductive health indicators in the country's north, the Fund concentrated its efforts in the south, perceiving greater receptivity to reproductive health messages in that region.

9. Unfortunately, the programme was implemented during a period of protracted political and social unrest. This resulted in rapid turnover of key government officials, which in turn occasioned frequent and sudden changes in national policy direction. In spite of the obstacles, however, some definite achievements were recorded. Access to reproductive health services in the seven states where UNFPA had activities was improved. A prototype programme for meeting the reproductive health needs of young people was developed. The Fund helped strengthen the coordinating mechanisms and capacity of the Department of Community Development and Population Activities.

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Major sociocultural research was conducted among the country's six largest ethno-cultural groups. UNFPA contributed to raising awareness on reproductive health and gender issues through a 39-part nationally televised social drama series and supported research on harmful traditional practices. Programme efforts also resulted in a modest increase in the use of modern contraceptives. Following the withdrawal of assistance from two major bilateral donors, UNFPA intervened to prevent a collapse in the availability and distribution of contraceptives.

10. During the previous programme cycle, the importance of decentralizing programme implementation to state and local levels became apparent. While decentralization demands intensive technical backstopping and close monitoring, it promotes the effective and sustainable utilization of human resources. Pockets of strong resistance to family planning and gender issues persist; these were not substantively addressed in the previous programme. UNFPA needs to work more closely with other United Nations agencies to support the advocacy and networking activities of local NGOs. The intensity of regional disparities regarding reproductive health and other socio-economic parameters between the north and the south must be taken into account in the selection of the focus states for assistance.

Other external assistance

11. In the past, Nigeria relied heavily on external assistance in order to implement its population programmes. Since 1994, however, several major bilateral donors have suspended their assistance. UNICEF and UNDP have included some reproductive health and Safe Motherhood components in their new country programmes, and the World Bank will continue to support a few health and population projects. The dearth of other external assistance increases the Government's reliance on UNFPA at a time when the Fund's own resources are inadequate to meet demand. For example, while the Fund will ensure an adequate supply of contraceptives in its 12 focal states under the proposed programme, the Nigerian population programme faces an imminent and potentially disastrous collapse in the supply and distribution of contraceptives unless sources in addition to UNFPA can be identified.

12. At the present time, UNFPA is the only predictable source of significant external population assistance and advice. This fact underscores the need for the Fund to increase its collaboration with other United Nations agencies and organizations as well as the importance of building a consensus for the use of domestic resources for population activities. In the meantime, UNFPA's unique position in the country means it can expect to continue the good working relationship that it has developed with the Government. UNFPA's broader post-ICPD mandate is much appreciated by governmental and other agencies. The local NGO community is favourably disposed towards working with the Fund.

Proposed programme

13. The proposed programme concentrates resources on implementing fully-integrated, multisectoral programmes in 12 states, covering one third of Nigeria's population. The selection of these states takes into account regional disparities in reproductive health and other socio-economic indicators, the active presence of collaborating United Nations agencies, and the availability and commitment of internal state funds for programme implementation. Interventions at the federal level will be those that can influence policy, mobilize domestic resources and strengthen programme coordination and the operational capacities of selected national institutions. National NGOs will be assisted to play a more significant role in programme execution.
14. Reproductive health. Key issues in the reproductive health sector include the limited availability and poor quality of reproductive health services, which leads to high maternal and infant mortality rates, inadequate adolescent outreach, and the limited use of modern contraceptives. The programme will focus on improving the quality and expanding the network of delivery points offering comprehensive reproductive health services from 170 to 650 in the 12 states chosen for UNFPA interventions. Expanding these services will make it possible to increase the proportion of supervised deliveries from 70 to 80 per cent in the seven southern states and from 14 to 30 per cent in the five northern states. This should help reduce maternal mortality by 10 to 15 per cent, depending on the states, as well as to increase the average contraceptive prevalence rate in the 12 states from 12 to 25 per cent. The programme will also seek to extend reproductive health services and information to 250,000 adolescents.
15. In order to accomplish these goals, the proposed programme will support upgrading physical facilities and will provide basic reproductive health equipment and commodities, including contraceptive. Some 80 per cent of service providers in those states will be trained in reproductive health case-management and counselling. The programme will help to strengthen referral systems by upgrading and improving services at primary health care delivery points and by improving communication and transportation between the different levels of the health care system.
16. IEC activities in support of reproductive health will shift from simply creating awareness to generating demand and promoting behavioural change. The results of sociocultural studies and surveys conducted under the last country programme will be used to develop appropriate messages and materials. Gender issues, including reproductive rights and the harmful effects of certain traditional practices, will be addressed through a coordinated multimedia approach and by using traditional and non-traditional channels of communication.
17. The programme is designed to extend reproductive health services and information to 250,000 adolescents. Physical facilities will be upgraded and basic reproductive health equipment and commodities, including contraceptives, will be provided in order to achieve this goal. Service

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delivery points will be made more youth-friendly, and reproductive health services and counseling will be introduced into eight universities. In order to reach a greater number of young people, the programme will support the adaptation of population and family life education in schools to involve community-based and youth-serving NGOs, as well as parent-teacher associations. Community participation and awareness will be fostered. Baseline surveys, research and systematic data collection will be undertaken to provide information for developing indicators to monitor and evaluate reproductive health services in the 12 states.

18. Population and development strategies. Issues that need to be addressed include the lack of conceptual, methodological and operational capacity at the state and federal levels for integrating population factors into development planning. Gender issues are often not dealt with systematically, and programme coordination is weak. To respond to these realities, UNFPA will assist the Government in improving the management and coordination of Nigeria's population programme at both the federal and state levels. The Fund will work to increase utilization of population data for development planning at the state level and will enhance capacities for formulating and implementing gender policies and programmes at all levels.

19. UNFPA will support research and analysis on the interrelationships between population and development in four academic and research institutions. It will also help provide planning officials with the tools and practical skills necessary for integration of population and gender issues into all sectoral activities. UNFPA will assist the National Population Commission (NPC) to complete its analysis of the 1991 census and to prepare for the next one. The Fund will also help the NPC undertake a number of surveys and data collection exercises towards developing a population database. Additionally, the Fund will assist three universities in conducting short-term, in-service training for planning officials. The programme also seeks to develop the capacity of national population bodies through providing technical support, essential equipment and training.

20. Advocacy. Advocacy activities in the proposed programme will assist the Government in building support for addressing the country's population and reproductive health needs. Mobilizing key elements in government and civil society, building coalitions and networks, supporting the activities of significant organizations and promoting greater involvement of the media will constitute the main strategies in the area of advocacy. Through educating decision makers and media professionals, the programme will seek to increase support and commitment for population programmes at both the federal and state levels. It will also focus on increasing governmental support for policies and programmes designed to eliminate legal and sociocultural practices that discriminate against women.

21. Assistance will be provided to the Nigerian Institute for Policy and Strategic Studies, which trains civilian and military leaders, in order to incorporate population and development elements into its activities. The Fund will organize seminars for journalists and assist two journalism training

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institutions to include population and development modules in their core activities. The Fund will work with the several well-established and respected national NGOs that are active in the population and gender fields in support of their advocacy roles and activities. It will also work with governmental departments such as the Ministry of Women and Social Development to promote women's equity and empowerment.

Implementation, monitoring, evaluation and coordination

22. The programme will be implemented by various governmental agencies, UNFPA, other United Nations agencies and national and international NGOs. Monitoring and evaluation will be carried out in accordance with standard UNFPA guidelines, which will include substantive annual project reports and review meetings by implementing agencies. A country programme management team comprising managers of UNFPA-supported activities and technical advisers will be established. The team will meet biannually to review plans, discuss progress and plan for the future. A mid-term country programme review will be conducted in 1999.

23. The Fund will provide on-site management support, technical and monitoring advice to those states implementing UNFPA-sponsored activities. It will also provide training in financial management for project personnel. With the consent of state governments, UNFPA will assign national experts to various projects. Periodic and substantive technical support as needed will continue to be provided by UNFPA's Country Support Team headquartered in Dakar, Senegal.

Recommendation

24. The Executive Director recommends that the Executive Board approve the proposed programme of assistance for Nigeria as presented, in the amount of \$32.5 million over the period 1997-2001, to the extent such resources are available, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.



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**UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES**

Recommendation by the Executive Director
Assistance to the Government of Haiti

Proposed UNFPA assistance: \$8.8 million, \$6.3 million from regular resources and \$2.5 million from multi-bilateral and/or other, including regular, resources

Programme period: 3 years (1997-1999)

Cycle of assistance: Second

Category per decision 96/15: A

Proposed assistance by core programme areas (in millions of \$):

	Regular resources	Other	Total
Reproductive health	4.5	2.5	7.0
Population & development strategies	0.6	-	0.6
Advocacy	1.2	-	1.2
<i>Total</i>	6.3	2.5	8.8

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HAITI

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%) ¹	20.0	≥ 60
Contraceptive prevalence rate (15-44) (%) ²	10.0	≥ 55
Access to basic health services (%) ³	50.0	≥ 60
Infant mortality rate (/1000) ⁴	86.0	≤ 50
Maternal mortality rate (/100,000) ⁵	600.0	≤ 100
Gross female enrolment rate at primary level (%) ⁶	26.4	≥ 75
Adult female literacy rate (%) ⁷	39.6	≥ 50

* AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.

¹ WHO, *Coverage of Maternal Care*, 3rd ed., 1993. Data cover the period 1983-1993.

² United Nations Population Division, *World Contraceptive Use 1994*, ST/ESA/SER.A/143. Data cover the period 1986-1993.

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⁷ UNESCO, *Education for All - Status and Trends, 1994*.

Demographic Facts

Population (000) in 1995	7,180	Annual population growth rate (%)	2.1
Population in year 2000 (000)	7,959	Urban	4.1
Sex ratio (/100 females)	96.4	Rural	1.1
Per cent urban	31.6	Crude birth rate (/1000)	34.1
Age distribution (%)		Crude death rate (/1000)	10.8
Ages 0-14	40.2	Net migration rate (/1000)	-2.8
Youth (15-24)	19.5	Total fertility rate (woman)	4.6
Ages 60+	6.0	Life expectancy at birth (years)	
Percentage of women aged 15-49	48.4	Males	56.7
Median age (years)	19.7	Females	60.2
Population density (/sq. km.)	259	Both sexes	58.4
		GNP per capita (U.S. dollars, 1994)	220

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, *World Population Prospects: the 1994 Revision*; Annual population growth, including urban and rural data are from DESIPA, *World Urbanization Prospects: the 1994 Revision*. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund proposes to support a population programme over the period 1997-1999 to assist the Government of Haiti achieve its population and development objectives. UNFPA proposes to fund the programme in the amount of \$8.8 million, \$6.3 million of which would be programmed from UNFPA regular resources to the extent such resources are available. UNFPA would seek to provide the balance of \$2.5 million from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. The proposed second programme would ensure that in the year 2000 the next cycle will harmonize with UNDP and UNICEF.
2. The programme was developed on the basis of the Government's programme strategy for UNFPA assistance, 1997-1999. As the national counterpart for the 1996 programme review and strategy development (PRSD), the Ministry of Health had created an intersectoral, mixed working group that included representatives of the Government and non-governmental organizations (NGOs) to elaborate the strategy. The programme has been designed in close consultation with other elements of the United Nations system and with other donors and NGOs working in Haiti. It also takes into account the recommendations of a 1995 study on contraceptive requirements and logistics management needs as well as lessons learned during the past programme of assistance.
3. The proposed programme is designed to help the Government prevent an immediate and further decline in the country's reproductive health services that could be caused by the difficult transition from donor-driven humanitarian and emergency assistance programmes to Government-owned development programmes. During this period of developing democracy, the challenge is also to increase the availability and improve the quality of these health services, given the very high unmet demand for reproductive health services, including for family planning, especially among rural women. The present situation is characterized by a very weak re-emerging public sector, marked by inadequate human resources and a lack of policy decisions and coordination as well as reliable data, including demographic data, at the central level. The public sector is currently undergoing a major two-year reform process to address these weaknesses. Thus, the long-term aim of UNFPA assistance to Haiti is to assist in strengthening public institutions in the areas of reproductive health and population and development strategies, including assisting the Government with the identification of the necessary demographic data.
4. All activities under the proposed programme, as in all UNFPA-assisted activities, will be undertaken in accordance with the principles and objectives of the Programme of Action of the 1994 International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Haiti remains the poorest nation in the Western Hemisphere and its only least developed country. As one of two category "A" countries in the Latin American and Caribbean region, Haiti meets none of the threshold levels for the seven ICPD indicators established for the allocation of UNFPA resources. In the past five years, the combined impact of political and economic upheaval, an economic embargo and natural disasters have exacerbated Haiti's structural poverty problems. During the 1991-1994 crisis, the few existing public services broke down, and the delivery of basic services became dependent on NGOs and community self-help. For example, 70 per cent of all health services in rural areas are currently provided by NGOs. Despite their efforts, however, only 45 per cent of the population have access to basic health care and only 20 per cent of all births are attended by health professionals.

6. Although the period between 1987 and 1994 saw a decline in the total fertility rate from 6.3 children per woman to 4.6 (5.9 children for rural women and 3.7 for urban), maternal mortality remains very high (an estimated 600 per 100,000 live births). A significant proportion of these deaths may be the result of a large number of clandestine, unsafe abortions. A total of 32.4 per cent of women say they want no more children and 17 per cent indicate a desire to space their children by at least two years. A majority of men also expressed a wish to limit or space their children. While 98 per cent of men and women have knowledge of contraception, the contraceptive prevalence rate remains very low. Economic, rather than geographic, factors are the ones most commonly cited as limiting access to reproductive health, including family planning services. Therefore, even though 80 per cent of all health centres offer family planning services, accessibility is limited.

7. Gender disparities remain a great concern in Haiti. One out of three women has never been to school, as compared to one out of four men. Women are the largest contributors to the informal economic sector, with 10 per cent of girls aged five to nine and 33 per cent of girls aged 10 to 14 estimated to be working. Poverty has increased internal and international migration and the male abandonment of families; an estimated 40 per cent of all households are headed by women. A recent survey showed that 70 per cent of women had suffered some type of violence, over 37 per cent of which was sexual violence. Another survey among pregnant women in an urban slum area found that 45 per cent had at least one sexually transmitted disease (STD). In the metropolitan area of Port-au-Prince, 7.4 per cent of sexually active girls were identified as HIV-positive.

UNFPA and other assistance to date

8. UNFPA's first country programme began in 1990 with a budget of \$10 million for five years. All international donors, including UNFPA, suspended their programmes in late 1991. In 1992, under its existing programme, UNFPA started humanitarian assistance in maternal and child health and family planning (MCH/FP) until the return of the constitutional Government in late 1994. With its

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extension of the programme for two years, until 1996, the Fund joined the international community in an emergency economic recovery programme and expanded UNFPA assistance beyond the area of reproductive health to include help in population and development strategies, including women's empowerment activities. After six years, UNFPA's first programme of assistance had spent \$8.7 million of the \$10 million authorized. Since the return of the constitutional Government, efforts have been made to strengthen public sector institutions, and a public sector reform is to be implemented. UNFPA's proposed programme will support these efforts and will be faced with the challenge not only to help prevent further decline in existing reproductive health services but to improve and increase them.

9. In the past, the Government successfully utilized NGOs for the improvement and expansion of its health services, providing, for example, paid public sector staff to NGO health centres. National NGOs with a proven track record and an effective partnership with the public sector have been key elements in the effective implementation of the UNFPA programme. To ensure basic services to the population and to meet their high expectations under the new democratic Government, the proposed programme will continue supporting and using the technical expertise and service delivery systems of NGOs, while simultaneously assisting those of the evolving public sector.

10. It is worth noting that during the difficult period from 1987 to 1994, Haitians' contraceptive prevalence rate actually increased -- a time when the United States Agency for International Development (USAID) and UNFPA were the country's sole donors in the reproductive health area. Through the transfer of substantial know-how and funds to the NGO sector during that period, it was possible for reproductive health services to expand. USAID, as the major donor in the population area in Haiti, will continue to make a contribution of around \$10 million a year until 2001. Its annual contribution for contraceptives is limited to \$450,000, including the social marketing of condoms, which has been very successful in the areas of male involvement and prevention of STDs, including HIV/AIDS. Assistance from additional donors such as the Netherlands, which is contributing \$2.3 million over the years 1997-2000 for the social marketing of condoms, has also been mobilized.

11. The continued collaboration of UNFPA and USAID is also addressing the reproductive health and related information, education and communication (IEC) needs of adolescents, especially in the capital, where a special reproductive health centre was created by a national NGO. The Government now wants to use this successful experience nationwide as a way of helping to prevent STDs, including HIV/AIDS, and unwanted pregnancies for adolescents.

12. Canada provided funding for Haiti's population programme in 1996. The World Bank is assisting the national AIDS prevention programme and in the establishment of decentralized, peripheral depots for essential drugs. The Government will use part of its credits from the World Bank to fund contraceptives in 1997, for the first time. The Inter-American Development Bank and

the European Union are elaborating major health projects that will focus on certain geographical areas and will follow the Government's community-based, primary health care approach.

13. UNICEF and the Pan-American Health Organization (PAHO) have been providing joint assistance to UNFPA-funded activities in maternal and child health, including the training of traditional birth attendants. PAHO is also managing the country's central warehouse for essential drugs, which distributes UNFPA- and USAID-funded contraceptives. Despite excellent inter-agency collaboration and coordination in the areas of reproductive health and women's empowerment, areas such as emergency contraception, appropriate treatment of complications from unsafe abortions and medical treatment of sexual violence, as well as client counselling in all these areas, remain basically unaddressed. The new programme needs to identify agencies that can help address these issues.

Proposed programme

14. In light of Haiti's difficult institutional transition period and the urgent and extensive reproductive health needs of the population, the main thrust of the UNFPA programme will continue to be on reproductive health, including family planning and sexual health. A secondary emphasis will be on population and development. The overall strategy of the proposed programme is capacity-building at all levels while utilizing the existing capacity of NGOs to prevent a decline in the availability of services. As part of the Government's decentralization policy, human resources must be developed at the central level to ensure leadership, at departmental levels to ensure policy compliance and at communal levels to ensure delivery of necessary services.

15. Reproductive health. The sub-programme for reproductive health will contribute to the national goals of reducing maternal mortality and STDs, including HIV/AIDS, through working to increase contraceptive prevalence. Both objectives form an integral part of the Government's five-year, community-based, primary health strategy. In order to contribute to these national objectives, the sub-programme will assist the Government in providing health personnel with the necessary skills and knowledge to enable them to provide quality reproductive health services. Priority will be given to the training of "auxiliaires", who are usually the only personnel available in rural health centres. Training will concentrate on the priority areas identified by the Ministry of Health and Population, namely counselling for family planning and prevention of STDs, pre- and post-natal follow-up, and identification of high-risk pregnancies. The sub-programme will also ensure the availability of a broad range of contraceptive methods in each of the decentralized, peripheral depots for essential drugs.

16. The programme will assist the Ministry of Health and Population in setting up an effective cooperation mechanism with NGOs working in the areas of population and reproductive health. This mechanism would allow, for example, for transfer of the successful NGO experience with adolescents in the capital to other health centres and would help the Government respond to the growing demand for reproductive health services by young people and the corresponding need for IEC.

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17. The Fund will support efforts for increased male involvement in reproductive health. A well-established NGO for IEC in the health sector has assumed leadership in this area. The proposed programme would provide technical and financial assistance both to the non-governmental and public sectors to help elaborate a national strategy and programme for involving men in reproductive health decisions. Assistance will also be provided to help promote better quality and more gender-sensitive reproductive health services, which will be developed jointly by the Government and all pertinent sectors, including grass-roots organizations and rural women's associations.

18. Haiti's contraceptive requirements and related logistics management needs have been estimated at \$6.9 million for the next three years, of which USAID will provide \$1.4 million. The Government will fund \$720,000 out of World Bank credits in 1997. UNFPA will assist the Government in seeking additional funding for the final two years of the proposed programme. The Fund will contribute to the procurement of contraceptives on a declining scale in order to ensure that this key component of reproductive health is available throughout the country.

19. Population and development strategies. The priority of the sub-programme in the area of population and development strategies will be to strengthen the availability of human resources in population in national institutions at the central level through technical assistance in order to ensure that the population dimension is included in the formulation of plans and programmes. The Fund will also help improve the demographic database through the provision of technical assistance for the identification of needed demographic data and of alternatives to a full-fledged national population census in the short term.

20. Advocacy. The Fund's assistance in the area of advocacy will focus on helping the Government in achieving its goals in terms of women's reproductive rights, equity and equality. UNFPA, under the advocacy sub-programme, will help strengthen the Ministry of Women Affairs and Women's Rights through technical and financial assistance so that it can advocate effectively for the empowerment of women. The proposed programme will also assist the Government in making national decision makers and leaders of opinion aware of the need for integrating population into national policies and making them sensitive to the impact that reproductive health has on the quality of Haitians' lives, especially for adolescents.

Implementation, monitoring, evaluation and coordination

21. Given the Government's acceptance of NGOs as effective development partners and the present fragility of public sector institutions, a two-pronged programme implementation strategy will be used. First, existing national and international NGOs will be utilized to address immediate needs in reproductive health. Then, public sector capacities will be assisted in order to shift progressively the responsibility for programme execution to the Government. Technical backstopping and inputs are to be provided by the Country Support Team for Latin America and the Caribbean, PAHO and

other institutions, as needed. A mid-term programme review will be undertaken in 1998, building on annual reports and annual tripartite reviews of projects, to be organized by sub-programme area. Towards the end of 1999, a programme evaluation will be undertaken to identify the lessons learned from this post-conflict UNFPA programme of assistance and to assess programme results.

Recommendation

22. The Executive Director recommends that the Executive Board approve the programme of assistance for Haiti, as outlined above, in the amount of \$8.8 million over the period 1997-1999, \$6.3 million of which would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of \$2.5 million would be sought from multi-bilateral resources and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.



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**UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES**

Recommendation by the Executive Director
Assistance to the Government of Ecuador

Proposed UNFPA assistance: \$5 million, \$4 million from regular resources
and \$1 million from multi-bilateral and/or other,
including regular, resources

Programme period: 4 years (1997-2000)

Cycle of assistance: Second

Category per decision 96/15: B

Proposed assistance by core programme areas (in millions of \$):

	Regular resources	Other	Total
Reproductive health	3.4	1.0	4.4
Population & development strategies	.2	-	.2
Advocacy	.4	-	.4
<i>Total</i>	4.0	1.0	5.0

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INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%) ¹	84.0	≥ 60
Contraceptive prevalence rate (15-44) (%) ²	53.0	≥ 55
Access to basic health services (%) ³	88.0	≥ 60
Infant mortality rate (/1000) ⁴	50.0	≤ 50
Maternal mortality rate (/100,000) ⁵	170.0	≤ 100
Gross female enrolment rate at primary level (%) ⁶	92.6	≥ 75
Adult female literacy rate (%) ⁷	87.2	≥ 50

* AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.

¹ WHO, *Coverage of Maternal Care*, 3rd ed., 1993. Data cover the period 1983-1993.

² United Nations Population Division, *World Contraceptive Use 1994*, ST/ESA/SER.A/143. Data cover the period 1986-1993.

³ UNICEF, *The State of the World's Children, 1995*. Data cover the period 1985-1993.

⁴ United Nations Population Division, *World Population Prospects Database 1950-2050, 1994 Revision*. Data are for 1992.

⁵ UNICEF, *The State of the World's Children 1995*, which is based on data compiled by WHO. Data cover the period 1980-1992.

⁶ United Nations Statistical Division, *Women's Indicators and Statistics Database, Version 3 (CD-ROM)*, 1994, which is based on data compiled by UNESCO.

⁷ UNESCO, *Education for All - Status and Trends, 1994*.

Demographic Facts

Population (000) in 1995	11,460	Annual population growth rate (%)	2.0
Population in year 2000 (000)	12,646	Urban	3.1
Sex ratio (/100 females)	101.0	Rural	0.2
Per cent urban	58.4	Crude birth rate (/1000)	25.6
Age distribution (%)		Crude death rate (/1000)	6.0
Ages 0-14	36.4	Net migration rate (/1000)	0.0
Youth (15-24)	20.5	Total fertility rate (woman)	3.10
Ages 60+	6.5	Life expectancy at birth (years)	
Percentage of women aged 15-49	51.3	Males	67.3
Median age (years)	21.4	Females	72.5
Population density (/sq. km.)	40	Both sexes	69.8
		GNP per capita (U.S. dollars, 1994)	1,310

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, *World Population Prospects: the 1994 Revision*; Annual population growth, including urban and rural data are from DESIPA, *World Urbanization Prospects: the 1994 Revision*. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1997-2000 to assist the Government of Ecuador in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of \$5 million, of which \$4 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of \$1 million from multi-bilateral resources and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be UNFPA's second programme of assistance in Ecuador.
2. The proposed programme is based on the findings and recommendations of the UNFPA programme review and strategy development (PRSD) mission that visited Ecuador in October 1996. The findings and recommendations of this mission have been fully subscribed to by the Government. The proposed programme is harmonized with the programming cycles of UNDP and UNICEF.
3. The main purpose of the proposed programme is to assist the Government in improving the reproductive health of Ecuadorians with an emphasis on the needs of disadvantaged women, including indigenous women, and adolescents. Meeting five of the threshold indicators, Ecuador is a category "B" country under UNFPA's new system of resource allocation. The programme will concentrate its assistance in six provinces with large rural populations. The other components of the programme include strengthening the planning and programming skills of local and decentralized government staff for population and related advocacy activities and making the delivery of reproductive health care nationwide more reflective of and better adapted to the needs and concerns of rural women, especially indigenous women, and adolescents.
4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and the objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Ecuador has 11.5 million people, and in spite of rapid urban growth, the rural population still accounts for 42 per cent of the total. According to World Bank figures, approximately 60 per cent of the nation lives below the poverty line, while in the countryside, where most of the indigenous peoples live, it is close to 90 per cent. Of the total rural population in poverty, 63 per cent are classified as being extremely poor, ten times more than in urban areas. Poverty alleviation is a priority for the newly inaugurated Government, but the structural adjustment programme that is in place commits close to half of the national budget to payment of the country's external debt, creating severe limitations for the allocation of resources to the health and education sectors. Concerned with these

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restrictions, the Government is committed to increasing the efficiency and impact of social programmes through decentralization and strategies aimed at the poorest sectors of the population.

6. The country's primary health care system has national coverage and, in principle, reaches 88 per cent of the population, although accessibility is much lower in rural areas. Moreover, many women do not use public sector services because of the low quality of care and the persistence of sociocultural barriers. Consequently, the maternal mortality rate is 170 per 100,000 live births, reaching as high as 250 per 100,000 in the rural highlands. Prenatal care is low, and in rural areas only 42 per cent of deliveries are attended by trained health personnel. The educational disadvantages of women limit their access to better health and community participation. In addition, the lack of a well-defined sex education programme and adequate information about sexuality places adolescents at high risk of sexual and reproductive ill health.

Previous UNFPA assistance

7. The first comprehensive UNFPA country programme in Ecuador was approved in 1990 for four years for a total of \$7 million from UNFPA regular resources. It was extended for two years, without additional resources, to harmonize it with the programming cycles of other United Nations system agencies. During the past cycle, the network of implementing agencies was expanded to include not only governmental counterparts but also decentralized government units, local governments, private institutions, non-governmental organizations (NGOs) and organized community groups. Cooperation with local decentralized authorities has strengthened national execution and facilitated programme implementation. Ongoing projects have demonstrated the possibilities for community and decentralized authorities to join efforts towards the improvement of reproductive health at the local level, and cooperation with these partners will be strengthened in the next country programme.

8. The previous programme supported the development of an innovative approach for introducing population education in primary schools through a participatory process that involved communities and parents. This approach proved highly successful in producing educational materials sensitive to the local cultural context and in gaining community and parental support for their use. In addition, the development of a family planning logistics management system to guarantee adequate supply of contraceptives at local levels in several provinces proved very satisfactory at bringing contraceptive supplies to previously underserved areas. This system will be extended elsewhere in the provinces selected for UNFPA interventions. With the support of a UNFPA regional programme, an innovative model, the "Jambi Huasi", was developed for the delivery of health services to indigenous women. The model combined modern and traditional medicine providers in one facility and successfully increased access to both. The next programme proposes to take over this initial experiment and build upon its innovative approach.

9. Chief among the constraints to the effectiveness of the previous programme was the lack of coordination among the several donors working in the area of reproductive health. There were overlapping efforts in some areas, while other areas were left underserved. For the next country programme, UNFPA will contribute to the establishment of a coordinating mechanism with the Government and other donors to expedite communications and avoid overlapping. The Fund will build upon the special experience that it has gained in working with adolescents and other vulnerable groups, especially the rural indigenous population.

Other external assistance

10. The main donors for population activities in Ecuador have been the United States Agency for International Development (USAID) and UNFPA. Both have contributed towards meeting the country's requirements for contraceptives. To date, UNFPA has concentrated its contraceptive provision in the public sector, channelled through the Ministry of Health, while USAID, the largest provider in recent years, has been operating through cost-recovery schemes and by supporting NGOs, particularly those working in urban areas. USAID has announced its intention to continue to provide contraceptives over the next four years although its procurement does not cover the public sector.

11. UNFPA has worked closely with the World Health Organization (WHO) and UNICEF in reproductive health and family planning activities and will continue to do so during the coming programme cycle. A large World Bank loan is currently being used by the Government for health sector reform and strengthening the primary health care system, but it does not include reproductive health components.

Proposed programme

12. The proposed programme places emphasis on Ecuador's most disadvantaged women, including indigenous women, as well as on adolescents living in rural areas. In order to strengthen the decentralization and targeting strategies of the Government, the programme will concentrate its actions in the rural districts of six provinces where it will seek to improve the quality of services and technical competence of personnel in existing primary health care facilities. An essential part of this strategy is the coordination between the Ministry of Health and other institutional health service providers such as the armed forces, local governments, NGOs and organized community groups, as well as the direct involvement of the communities being served.

13. Although there are marked geographic and social differentials in the incidence of poverty and the access to services in Ecuador, the major existing gap remains between the rural and urban areas. The criteria used in selecting the provinces for programme interventions therefore are based on the rural indicators for maternal mortality, contraceptive prevalence, unsatisfied demand for family

planning services, infant mortality, poverty and availability of services. The provinces selected are Carchi, Chimborazo, Cotopaxi, Esmeraldas, Imbabura and Loja.

14. Reproductive health. UNFPA will provide technical assistance to the Ministry of Health to aid in the transition from a maternal and child health and family planning approach to one based on the provision of comprehensive reproductive health services. It will also help the Ministry in developing a strategy for the sustainable provision of contraceptives, and in improving public services by helping to train health providers. In implementing its strategy, the programme will concentrate activities in 16 rural health districts, in the six focal provinces, whose demographic, health and education indicators are below national averages. These districts encompass 110 rural health centres covering approximately 170,000 rural women and 52,000 adolescents. If funds become available, this effort would be gradually expanded to 28 more rural health districts in four additional provinces.

15. The training programme for these rural health districts will aim at developing clinical and technical abilities, enhancing sensitivity to client diversity, upgrading counselling and communication skills and improving the handling of obstetric emergencies. The training of 20 local health managers will focus on service management skills and use of the contraceptive logistic system. All training activities will also disseminate the guidelines and norms approved by the Ministry of Health. The improvement in the quality of services will be reinforced with an information, education and communication IEC strategy to encourage communities to influence decisions affecting the quality and type of services being provided.

16. Over the span of the proposed programme, the Fund will supply contraceptives to meet the demands of the six selected provinces. This assistance will be scaled back annually in order to allow the Government to increase gradually its capacity to fund and sustain the country's demand for contraceptives. Technical assistance will be given to regional and local inter-institutional committees responsible for information on the incidence and causes of maternal mortality. In addition, the programme will reinforce sex education and reproductive health components for adolescents to reduce their risk of early pregnancies and sexually transmitted diseases, including HIV/AIDS.

17. Population and development strategies. The programme will support the training of local staff in the selected provinces in implementing the information systems needed for programming population and development activities for vulnerable groups. The training will be carried out by the University of Cuenca based on the experience developed during the previous programme with local governments and NGOs in the province of Azuay.

18. UNFPA will provide technical assistance to review the National Population Action Plan, with the aim of making it more responsive to the ongoing process of decentralization of governmental functions. In addition, the programme will promote the effective coordination of actions among local

governmental and NGOs working for women's concerns in order to incorporate gender as a cross-cutting and permanent consideration in the planning of basic social services.

19. Advocacy. The proposed programme will assist the Government in increasing national support for population and reproductive health programmes. This will include undertaking information activities for such key groups as policy makers, programme managers, parliamentarians, service providers and organized community groups to increase their commitment to meeting the country's reproductive health needs and for improving the quality of services offered. In line with government objectives, advocacy efforts will focus on increasing the commitment of national programmes to providing differentiated adolescent services, meeting the needs of indigenous populations, promoting male responsibility in family planning, encouraging gender equality, and fostering basic education -- especially for girls. The programme will also support the Government in its advocacy activities to enforce existing laws and legal remedies for violence against women and to mobilize the support of local institutions and civil society in the effort against domestic violence.

Implementation, monitoring, evaluation and coordination

20. The programme will be executed mainly by national institutions both at the central and decentralized levels. UNESCO will give technical backstopping for population education activities and the Pan-American Health Organization (PAHO) of WHO will execute the training of service providers in reproductive health and family planning as well as carry out the monitoring of maternal mortality and morbidity trends. The Fund will assist the Government in establishing baseline data for each of the selected provinces on the use of contraceptive methods, number of women screened for reproductive health infections, number of women receiving post-partum and post-abortion counseling and rates of maternal mortality. These data will aid in the evaluation of the results of the proposed programme upon its completion.

21. UNFPA will support the Government in coordinating international assistance in the population area. The Fund will also maintain close collaboration with WHO, UNICEF, UNESCO and other multilateral as well as bilateral agencies and organizations, including NGOs, in assisting Ecuador to implement its population-related activities, especially in the area of reproductive health. Constant exchange of information in population-related activities will be institutionalized by regular meetings of the representatives of the member agencies of the Joint Consultative Group on Policy (JCGP) and through the Resident Coordinator system, including meetings with the World Bank and regional multilateral organizations.

22. The programme will make full use of available and appropriate national and regional technical backstopping capacities and advisory services from the UNFPA Country Support Team based in Santiago, Chile. Finally, a matrix of indicators, including those of the ICPD Programme of Action, along with the interventions needed to reach them will be elaborated at the beginning of the

programme in order to measure overall programme development and progress. In addition, all projects will be subject to the standard progress reports, monitoring field visits and annual and final review meetings. A mid-term programme review will take place at the end of 1998, and a final review is anticipated by the end of 2000.

Recommendation

23. The Executive Director recommends that the Executive Board approve the programme of assistance for Ecuador as presented, in the amount of \$5 million over the period 1997-2000, \$4 million of which would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of \$1 million would be sought from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.



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**UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES**

Recommendation by the Executive Director
Assistance to the Government of India

Proposed UNFPA assistance: \$100 million, \$80 million from regular resources and \$20 million from multi-bilateral and/or other, including regular, resources

Programme period: 5 years (1997-2001)

Cycle of assistance: Fifth

Category per decision 96/15: A

Proposed assistance by core programme areas (in millions of \$):

	Regular resources	Other	Total
Reproductive health	65	11	76
Population & development strategies	6	8	14
Advocacy	9	1	10
Total	80	20	100

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INDIA

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%) ¹	33.0	≥ 60
Contraceptive prevalence rate (15-44) (%) ²	43.0	≥ 55
Access to basic health services (%) ³	85.0	≥ 60
Infant mortality rate (/1000) ⁴	82.0	≤ 50
Maternal mortality rate (/100,000) ⁵	460.0	≤ 100
Gross female enrolment rate at primary level (%) ⁶	67.8	≥ 75
Adult female literacy rate (%) ⁷	35.2	≥ 50

* AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.

¹ WHO, *Coverage of Maternal Care*, 3rd ed., 1993. Data cover the period 1983-1993.

² United Nations Population Division, *World Contraceptive Use 1994*, ST/ESA/SER.A/143. Data cover the period 1986-1993.

³ UNICEF, *The State of the World's Children, 1995*. Data cover the period 1985-1993.

⁴ United Nations Population Division, *World Population Prospects Database 1950-2050, 1994 Revision*. Data are for 1992.

⁵ UNICEF, *The State of the World's Children 1995*, which is based on data compiled by WHO. Data cover the period 1980-1992.

⁶ United Nations Statistical Division, *Women's Indicators and Statistics Database, Version 3 (CD-ROM)*, 1994, which is based on data compiled by UNESCO.

⁷ UNESCO, *Education for All - Status and Trends, 1994*.

Demographic Facts

Population (000) in 1995	935,744	Annual population growth rate (%)	1.8
Population in year 2000 (000)	1,022,021	Urban	3.0
Sex ratio (/100 females)	106.9	Rural	1.3
Per cent urban	26.8	Crude birth rate (/1000)	26.6
Age distribution (%)		Crude death rate (/1000)	8.9
Ages 0-14	35.2	Net migration rate (/1000)	-0.1
Youth (15-24)	18.9	Total fertility rate (woman)	3.42
Ages 60+	7.2	Life expectancy at birth (years)	
Percentage of women aged 15-49	50.1	Males	62.6
Median age (years)	22.8	Females	62.9
Population density (/sq. km.)	285	Both sexes	62.8
		GNP per capita (U.S. dollars, 1994)	310

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, *World Population Prospects: the 1994 Revision*; Annual population growth, including urban and rural data are from DESIPA, *World Urbanization Prospects: the 1994 Revision*. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

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1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the five-year period 1997-2001 to assist the Government of India achieve its population and development objectives. UNFPA proposes to fund the programme in the amount of \$100 million, of which \$80 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of \$20 million from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This will be UNFPA's fifth programme of assistance to India.

2. The proposed programme was developed with the participation and in cooperation with the Government of India, national experts and non-governmental organizations (NGOs) following a programme review and strategy development (PRSD) mission that visited India in August 1996. The new programme has been designed to coincide with the Government's Ninth Five-Year Plan (1997-2001) and with UNDP's fifth programme cycle.

3. The main purpose of the proposed programme would be to complement the Government's efforts to operationalize the reproductive health approach to replace the target-oriented family welfare programme of the past. The programme would assist the Government in meeting its national goals of improving the reproductive health of India's women, men and adolescents and of achieving an early stabilization of the country's population. The proposed programme would operate within the framework of the Government's policies of decentralizing authority to local governments.

4. The proposed programme will operate at two levels. In order to help the country meet the needs of its citizens for quality reproductive health services, the programme will assist in the provision of such services in 40 districts in six states. Some of these districts were chosen because they have particularly unfavourable reproductive health indicators and/or lack a full range of essential services while others were selected because they are relatively better endowed with services and can easily serve to develop programmes for replication elsewhere. These interventions are intended to have an immediate impact on the districts where they will be implemented as well as to serve as models for other states and districts. At the national level, the programme will assist the Government in promoting the integration of population issues within a wider developmental context; implementing the national policy for the empowerment of women and special programmes to improve women's status and address gender disparities; and strengthening the logistics system for distribution of contraceptives as well as increase the contraceptive method choice. The programme also aims to help the Government strengthen its advocacy efforts in favour of reproductive health to incorporate the concepts and approaches of the International Conference on Population and Development (ICPD).

5. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the ICPD Programme of Action, which was endorsed by the General Assembly through its resolution 49/128.

Background

6. India's population in 1996 was over 950 million and, at an annual growth rate of about 1.8 per cent, it will cross the billion mark before the end of the millennium. Despite the fact that birth rates and fertility levels have fallen everywhere in India, there are wide regional variations, ranging from a total fertility rate of 4.8 in Uttar Pradesh to 1.9 in Goa and Kerala. The pace of fertility decline has accelerated in recent years, due mostly to the increased use of modern contraception. However, due to the large population base and a relatively young population profile, India's population would continue to grow for another 40 years even if replacement fertility were reached immediately. Economic growth has been robust in the last two years, but poverty remains very high and continues to be the most important development challenge. Though India still remains a rural nation, it is experiencing rapid urbanization. By the year 2021 about 50 per cent of the population is projected to be living in cities and towns. This rapid growth has important implications for health services in urban areas, particularly for slum dwellers and other vulnerable groups. India is classified as a category "A" country in terms of UNFPA's new approach for resource allocation.

7. Women in India lack power with regard to many of the decisions that affect their lives, including those of health and fertility. Preference for sons continues, resulting in discrimination and neglect of the girl child and, in some cases, to female infanticide. Of serious concern is the overall female-to-male sex ratio of the population, which has been declining consistently over the decades to a level of 927 women per 1,000 men, according to the 1991 census. Educational inequalities between females and males are pronounced, with male literacy at about 64 per cent while female literacy is only around 35 per cent. Employment of women continues to be very low, and most of their work remains home-based.

8. India has been a leader in developing national population and health policies and in many respects has achieved significant success. In the past 40 years, life expectancy at birth has doubled; infant mortality dropped from an average of 150 per 1,000 live births to 82 per 1,000; maternal mortality was reduced from 800 per 100,000 live births to 460 per 100,000. Fertility levels declined from over 6 children per woman to an average of 3.4, while the contraceptive prevalence rate increased from less than 10 per cent to 43 per cent. However, female sterilization currently accounts for over 80 per cent of modern contraceptive practice, which suggests a strong need for increasing the use of temporary methods. The current use of pills and intra-uterine devices (IUDs) are less than 1.2 and 1.9 per cent, respectively, of the total use of contraceptives. India manufactures and distributes its own contraceptives -- including pills, IUDs and condoms -- and UNFPA has played a significant role in bringing about this self-sufficiency. However, there is a very low use of

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contraceptives among the age groups in which fertility is highest, 15-19 and 19-24, who have been neglected by both the health and the family welfare programmes. As a consequence, there is a notably higher risk of maternal mortality and morbidity in these age groups.

Previous UNFPA assistance

9. UNFPA assistance has contributed significantly to India's advances in the areas of population and reproductive health. Support for maternal and child health and family planning (MCH/FP) programmes has helped to improve family planning services in backward districts in three states by providing intensive support under the Area Development Projects scheme. The Fund has also helped India to achieve self-sufficiency in local production of IUDs and oral pills. In assessing UNFPA's past assistance, the PRSD mission found that UNFPA's limited resources had been placed in key areas and that UNFPA had successfully supported the Government's shift from a targeted family planning approach to one based on maximizing reproductive health. One of the many successful activities cited was support for a state population information, education and communication (IEC) bureau in Rajasthan, which helped integrate IEC components into family welfare programmes throughout the state. This is now being replicated in other states. In addition, the PRSD found that UNFPA played a critical role in building consensus on population and women's issues among NGOs.

10. The country programme evaluation highlighted a number of constraints that need to be addressed in the development of future activities. First, the absence of baseline surveys made it difficult to assess the impact of the programme. Also, since a significant proportion of UNFPA funds were invested in building infrastructure, fewer funds were available for human development, systems improvements and operational research. Disbursement and utilization of committed funds were delayed in a number of projects due to procedural bottlenecks resulting from the Government's approval and implementation processes. And it was felt that the programme had insufficient focus on the specific needs of adolescents and youth, on male involvement in family planning, on the challenges facing women's empowerment, and on the problems of the urban poor.

11. In considering UNFPA's future role, the PRSD recommended that the Fund continue to support a comprehensive population programme focused on operationalizing India's new target-free approach as well as increasing the accessibility of quality reproductive health services and undertaking operations research to demonstrate the cost-effectiveness of a variety of approaches. The PRSD supported enhancing the roles of NGOs, their capacities and their participation in the proposed programme. It additionally recommended promoting policy support and intersectoral linkages between reproductive health and other sectors, as well as empowerment initiatives addressing gender disparities. Since 25 per cent of India's population is made up of adolescents, the mission emphasized that UNFPA assistance should give adolescent reproductive health issues, especially those of girls, priority attention.

Other external assistance

12. In addition to UNFPA, other major development partners in the population field include the World Bank, UNICEF, the World Health Organization (WHO), and the Governments of Denmark, Sweden, Norway, the United Kingdom and the United States. The World Bank is expected to provide \$300 million as an international development assistance (IDA) loan to strengthen the Department of Family Welfare in support of the Government's reproductive and child health programme. UNICEF provides \$40-60 million annually to support efforts to improve the status of children including Child Survival and Safe Motherhood activities, targeting areas with the lowest health status, particularly in the northern states. A number of donors, including UNDP, UNICEF and UNFPA, are making resources available in an effort to expand the educational opportunities for the girl child and enhance the empowerment of women through income-generating activities. The German Kreditanstalt für Wiederaufbau (KfW) has recently signed an agreement to support an international NGO, Population Services International, in a social marketing programme. The International Planned Parenthood Federation (IPPF) provides assistance to its affiliate, the Family Planning Association of India.

13. Donors' assistance to other population and development sectors is less prominent, and UNFPA remains the only donor supporting a comprehensive population programme. UNFPA's comparative advantage is based on the Government's recognition of its long experience in the country and belief that UNFPA should provide guidance for major aspects of national level policy change as well as in operationalizing the reproductive health approach at the state and district levels. Under the proposed programme UNFPA's concentration of reproductive health activities in certain districts will complement the interventions of other donors active in other parts of the country.

Proposed programme

14. Given the existing inequalities faced by women in all spheres of life in India, the UNFPA programme will have a strong focus on women's empowerment issues. The programme will support the implementation of the National Policy for the Empowerment of Women and assist the Government in its strong advocacy and awareness-building activities designed to influence Indian attitudes regarding gender issues. Adolescents will also be given special attention in all programme components and initiatives through information and counselling and the provision of reproductive health services. Resources will be used for a few selected urban locations to integrate reproductive health in ongoing government schemes addressing the improvement of the lives of women and adolescents among the urban poor.

15. UNFPA will operationalize the integrated reproductive health approach in 40 selected districts in six states -- Gujarat, Kerala, Madhya Pradesh, Orissa, Rajasthan and Uttar Pradesh. Fifty per cent of programme funds will be used to support the introduction of quality reproductive health services

and associated activities integrated with other development programmes in these selected districts. In order to increase the participation of NGOs in programme implementation, 10 per cent of country programme funds will be set aside exclusively for activities to be undertaken by NGOs and for strengthening NGO capacities. This will enhance implementation of innovative initiatives and provide services to communities that are remote or have little access to other programmes. UNFPA will also continue to work with women's advocacy groups to improve awareness of, access to and the quality and range of reproductive health services. In view of the large pool of expertise India has developed over the years in the area of population and development, UNFPA will facilitate exchanges of knowledge with other countries in the region.

16. Reproductive health. The proposed programme would support the Government's goals of reducing maternal and infant mortality, increasing the contraceptive prevalence rate and achieving a net reproduction rate of 1 by the year 2006. Nationally, the programme will fund research for the development of effective IEC interventions regarding safe practices and family planning, violence against women, Safe Motherhood and sexually transmitted diseases (STDs), including HIV/AIDS. The programme also proposes to help create demand, and be more responsive to needs, for reproductive health services among the general public; one method for achieving this will be to enable health care providers to respond to client needs through effective interpersonal communication. The programme will also assist in developing quality IEC materials that reflect post-ICPD concepts and approaches. Training will be provided to improve population education in schools.

17. The proposed programme also seeks to ensure availability of a wider range of quality contraceptive methods, emphasizing non-permanent methods, in that currently 80 per cent of contraception is achieved by female sterilization and there is a need to reach younger couples and men. To help improve the performance of the national reproductive and child health programme, UNFPA will help develop and introduce procedures, guidelines, standards, and assessment indicators of unmet needs for contraception and other services. Support will also be provided for upgrading the logistics management system so that it can accommodate the needs of comprehensive reproductive health services. The Fund will also provide assistance for operations research and for epidemiological surveys to determine the prevalence and patterns of maternal mortality and morbidity, reproductive health morbidities and infertility.

18. UNFPA will assist the Government in implementing "target free" reproductive health programmes in 40 districts in six states with local community involvement in design and implementation. The services will include family planning, sexual health, maternal health, management of the consequences of unsafe abortions and the prevention and screening of reproductive tract infections and STDs. The Fund will also support IEC activities in the 40 districts directed towards specific communities and to specific target groups, including women, men, young people and traditional birth attendants. UNFPA will support baseline surveys of health services in the selected districts in order to establish a project evaluation mechanism, giving special focus to women

and adolescents. Based on the findings of these surveys, the Fund will provide training and technical support to enhance the capacities of district health staff in terms of planning and management.

19. Population and development strategies. Coordination of population and development activities will be pursued through the strengthening of the capacities of the local governments in the 40 districts selected for UNFPA assistance. The programme proposes to provide selective support for key policy-oriented research, the outcomes of which will be used for advocacy and for guiding programme activities. In addition, it will assist the Government to improve the data entry and analysis processes for the census to be conducted in 2001. Special focus will be on producing gender-disaggregated data and data that will include comprehensive reproductive health indicators. Drawing on lessons learned from past experience with women's income-generating activities and empowerment projects, the programme will support interventions with other donors that enable girls and women to have equal access to social and economic assets and to improve their health and status in society. In this context, UNFPA will also support components of a primary education programme for girls as part of a United Nations system initiative for India.

20. Advocacy. UNFPA proposes to undertake efforts to assist the Government in increasing the awareness of public representatives, policy makers, programme planners and service providers on key reproductive health issues, including women's empowerment, the special needs of adolescents, male participation in reproductive health programmes and the integrated nature of population and development issues. Lessons learned from UNFPA's previous programmes suggest that India's advocacy programmes have not adequately addressed cultural, ethnic and linguistic diversity in developing messages. The need for effective interpersonal communication has not been given adequate attention in the past. Although India has a long history of population education programmes, which were started in 1969, the focus needs to be reoriented to post-ICPD concepts. These challenges will be addressed under the proposed programme. To carry out more effective advocacy in support of the Government's reproductive and child health programme, UNFPA will support IEC Bureaus in selected states and some NGOs and academic institutions to enable them to carry out state- or district-level programmes.

Implementation, monitoring, evaluation and coordination

21. As in the past, the programme will be largely carried out through national modalities, drawing on the large pool of human and institutional resources available in India. This will include central ministries, state and local governments, and national research institutions and NGOs. Certain specific technical inputs will be carried out through United Nations agencies and international NGOs. The modalities for implementing district programmes will vary depending on the administrative set-up of the states but will include departments, voluntary societies under the District Collector or the District Council, and NGOs. UNFPA will work in the six states in a phased manner starting in 1997 with the districts in Rajasthan, where it has a substantial niche in terms of physical presence, past experience

and working relationship with the state mechanism. To expedite the processing of NGO proposals, UNFPA will establish a regular system of review meetings with concerned government departments.

22. In order to provide stronger technical and managerial support at the district, state and national levels, UNFPA proposes to create a unit in each of the targeted states and a Technical Services Group based in New Delhi. In addition, the UNFPA Country Support Team, based in Kathmandu, Nepal, will provide technical expertise as required. For a more continuous and efficient flow of funds from the centre to the states and individual projects, UNFPA will work with the Government to identify multiple channels like government treasuries at the central and state levels, and direct transfer from the concerned department of the central government to the implementing agency at the state or district level.

23. The UNFPA country programme will be reviewed annually by a National Committee chaired by the Union Secretary for Family Welfare and will include the membership of other relevant sector ministries. It will assess the programme in terms of its contribution towards achieving national population and development programme objectives and also to address population and development priorities for the coming year. Similar review mechanisms will be established for large projects at the state level. A mid-term review of the programme will be conducted in 1999.

Recommendation

24. The Executive Director recommends that the Executive Board approve the proposed programme of assistance for India, as outlined above, in the amount of \$100 million over the five-year period 1997-2001, \$80 million of which would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of \$20 million would be sought from multi-bilateral resources and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.



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**UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES**

Recommendation by the Executive Director
Assistance to the Government of Sudan

Proposed UNFPA assistance: \$17 million from regular resources
Programme period: 5 years (1997-2001)
Cycle of assistance: Third
Category per decision 96/15: A

Proposed assistance by core programme areas (in millions of \$):

	Regular resources	<i>Total</i>
Reproductive health	12.5	12.5
Population & development strategies	3.0	3.0
Advocacy	1.5	1.5
<i>Total</i>	17.0	17.0

SUDAN

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%) ¹	69.0	≥ 60
Contraceptive prevalence rate (15-44) (%) ²	9.0	≥ 55
Access to basic health services (%) ³	51.0	≥ 60
Infant mortality rate (/1000) ⁴	78.0	≤ 50
Maternal mortality rate (/100,000) ⁵	550.0	≤ 100
Gross female enrolment rate at primary level (%) ⁶	33.4	≥ 75
Adult female literacy rate (%) ⁷	30.6	≥ 50

* AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.

¹ WHO, *Coverage of Maternal Care*, 3rd ed., 1993. Data cover the period 1983-1993.

² United Nations Population Division, *World Contraceptive Use 1994*, ST/ESA/SER.A/143. Data cover the period 1986-1993.

³ UNICEF, *The State of the World's Children, 1995*. Data cover the period 1985-1993.

⁴ United Nations Population Division, *World Population Prospects Database 1950-2050, 1994 Revision*. Data are for 1992.

⁵ UNICEF, *The State of the World's Children 1995*, which is based on data compiled by WHO. Data cover the period 1980-1992.

⁶ United Nations Statistical Division, *Women's Indicators and Statistics Database, Version 3 (CD-ROM)*, 1994, which is based on data compiled by UNESCO.

⁷ UNESCO, *Education for All - Status and Trends, 1994*.

Demographic Facts

Population (000) in 1995	28,098	Annual population growth rate (%)	2.7
Population in year 2000 (000)	32,079	Urban	4.7
Sex ratio (/100 females)	100.8	Rural	1.9
Per cent urban	24.6	Crude birth rate (/1000)	38.4
Age distribution (%)		Crude death rate (/1000)	11.9
Ages 0-14	43.8	Net migration rate (/1000)	0.0
Youth (15-24)	19.7	Total fertility rate (woman)	5.37
Ages 60+	4.7	Life expectancy at birth (years)	
Percentage of women aged 15-49	46.2	Males	53.6
Median age (years)	17.8	Females	56.4
Population density (/sq. km.)	11	Both sexes	55.0
		GNP per capita (U.S. dollars, 1994)	239

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, *World Population Prospects: the 1994 Revision*; Annual population growth, including urban and rural data are from DESIPA, *World Urbanization Prospects: the 1994 Revision*. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund proposes to support a population programme over the period 1997-2001 to assist the Government of Sudan achieve its population and development objectives. UNFPA proposes to fund the programme in the amount of \$17 million from UNFPA's regular resources to the extent such resources are available, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This will be UNFPA's third programme of assistance for Sudan.

2. The proposed programme was developed on the basis of the Government's policies and priorities in the area of population and development, as reflected in the Sudan Comprehensive National Strategy for the period 1992-2002, the Master Plan for the Implementation of Reproductive Health and Safe Motherhood (1997-2002) and the Country Strategy Note for the period 1997-2001. It was developed following a programme review and strategy development (PRSD) exercise that was conducted in September/October 1996. It is the result of close consultation with the Government, non-governmental organizations (NGOs), other United Nations agencies and bilateral donors. The Government participated fully in all stages of the PRSD exercise and endorsed its findings and recommendations.

3. On the basis of its demographic indicators and per capita income, Sudan has been grouped in category "A" under the Fund's new system for resource allocation. The proposed programme would carry out activities in all three of UNFPA's core programme areas: reproductive health, including family planning and sexual health; population and development strategies; and advocacy. In terms of reproductive health, the proposed programme would help the Government in reducing maternal mortality and morbidity, increasing contraceptive prevalence, reducing the prevalence of female genital mutilation and combating the spread of sexually transmitted diseases (STDs), including HIV/AIDS. In view of the country's decentralization policy and in order to maximize the impact of limited resources, UNFPA's assistance in the reproductive health area would be concentrated in six disadvantaged and government priority states, where the Fund is currently operating and where other United Nations agencies provide support. In the area of population and development strategies, the proposed programme would help to finalize the population policy and assist in its articulation into sectoral plans of action and strengthen national human resource capabilities for their implementation. Advocacy activities would focus on promoting the socio-economic, health and literacy status of women and on creating a favourable environment in support of population-related activities, with emphasis on reproductive health and gender issues.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

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Background

5. Sudan is the largest country in Africa, with an area of 2.5 million square kilometres and a population of about 28 million. The country has undergone a period of political turmoil, including armed conflict in parts of the country, and this has led to a weakening of the economy. Sudan had a net external debt of about \$18 billion by the end of 1995. The Government initiated a policy of decentralization in 1994 by increasing the number of states from 9 to 26 and placing great responsibilities on them. The states now have to generate their own resources, plan for and provide public services and, at the same time, pay their share of federal taxes.

6. The current total fertility rate is about 5.4 children per woman, down from 7 in 1979. The increase in the contraceptive prevalence rate from 5 per cent to 9 per cent (6.8 per cent of which is for modern methods) over the same period is not sufficient by itself to account for this decline in fertility. The fertility decline is attributed mainly to an increase in the average age at marriage, migration of men and the civil strife. The breakdown of the 6.8 per cent using modern methods is as follows: 5.1 per cent use the pill; 0.9 per cent use sterilization; 0.6 per cent use intra-uterine devices (IUDs); and 0.2 per cent use injectables. According to a survey on knowledge, attitudes and practices (KAP) concerning family planning, the low use of contraceptives is due to rumours and misconceptions about side effects, the objections of husbands and other cultural constraints. Male methods of contraception, including condoms, are rarely used, and there is a growing incidence of sexually transmitted diseases, including HIV/AIDS.

7. There is a very high rate of maternal mortality (550 per 100,000 live births), which is attributed to the prevalence of first pregnancies at an early age, the close spacing of births, complications during delivery, many of which result from the practice of female genital mutilation, and the lack of adequate maternal health services. According to a UNICEF situation analysis carried out in 1996, the high prevalence of female genital mutilation (82 per cent) is due to lack of awareness among women about the health problems associated with this practice, low levels of education of mothers, the low income status of midwives and traditional birth attendants (TBAs), and the existence of patriarchal attitudes among men concerning the sexuality of women. The country continues to have a significant gender gap: 60 per cent of men are literate compared to only 30 per cent of women, and only 5 per cent of the members of the National Assembly are women. Women constitute 25 per cent of all heads of households and 26 per cent of the labour force.

8. The present primary health care system provides only limited access to quality reproductive health, including family planning, services and related information, education and communication (IEC) because of the shortage of trained reproductive health service providers, logistics and supplies; an ineffective referral system; the absence of an IEC strategy; and the paucity of sociocultural

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research. It is estimated that the total public expenditure on health accounts for only 1 per cent of the gross domestic product (GDP). Although there is no explicit population policy, the Sudan Comprehensive National Strategy has identified national population and health objectives for the year 2002. These include reducing the maternal mortality rate to 225 per 100,000 live births, reducing the under-five child mortality rate to 45 per 1,000 live births and increasing the coverage of the expanded programme of immunization (EPI) to 90 per cent. Within this framework, the Government has adopted a plan of action for achieving the strategy's goals in terms of reproductive health and Safe Motherhood by the year 2002. This plan of action calls for ensuring access to basic maternity care for 75 per cent of pregnant women, providing management of complications for 50 per cent of pregnant women and increasing the contraceptive prevalence rate to 30 per cent. However, the PRSD mission concluded that these targets are too ambitious, particularly in light of available donor and national resources allocated to the health sector. Therefore, one of the activities of the proposed programme would be to help the Government articulate more realistic quantifiable targets.

Previous UNFPA assistance

9. UNFPA began support to the Government of Sudan on a project-by-project basis during the period 1973-1980. The first country programme for the period 1980-1985 was approved in the amount of \$7.1 million and was continued for an additional interim year in 1986. The second country programme was approved by the Governing Council for the period 1987-1991 in the amount of \$8 million. Two subsequent interim programmes were undertaken, ending in 1996, with a total programme expenditure of about \$10 million.

10. There were a number of constraints and lessons learnt from the previous programmes. Access to quality reproductive health was limited by, among other things, the poor logistics and supply system, a government policy of not allowing village midwives to distribute contraceptives, lack of involvement of TBAs and village midwives in curtailing the practice of female genital mutilation, sociocultural barriers to contraception and the absence of IEC strategies. Although data were made available through the population censuses of 1983 and 1993 and through sample surveys, there is still a need for updating data on reproductive health, family planning and gender issues. The integrated women-in-development activities that incorporated literacy training, income-generating activities and reproductive health, including family planning, services proved to be a valuable model for promoting the status of women. There is a need, however, for strengthening the reproductive health component of these activities.

11. Although the country's decentralization policy provides good opportunities for concentrating programmes at the state level, initially it has resulted in a high turnover among population specialists and project staff, and this has hampered implementation of activities. This highlights the need for continuous short-term training programmes to ensure the availability of qualified personnel, particularly in the areas of reproductive health and gender. The PRSD report concluded that

UNFPA's activities in recent years were relatively more successful than those of the past. It recommended that in order to build on this groundwork it was important that the Fund continue its support in the same areas where it is presently operating and for a longer period of time in order to ensure sustained accomplishments.

Other external assistance

12. Most bilateral assistance agencies have withdrawn from Sudan. Among the multilateral agencies, UNFPA is the main donor for population activities although UNDP, UNICEF and the World Health Organization (WHO) have some complementary activities. The UNICEF programme for the period 1997-2001 amounts to \$44.7 million covering, among other things, initiatives on Safe Motherhood, prevention of HIV/AIDS, management of primary health care service delivery and research and advocacy on gender concerns. The UNDP programme for 1997-1999 amounts to \$42 million with a main focus on poverty alleviation but also includes some AIDS prevention activities. In its 1996-1997 programme of some \$6 million, WHO supports the elaboration of health policies and the development of the health system's infrastructure, human resources and management information systems. UNHCR supports reproductive health services for refugees through local NGOs. The Sudan Family Planning Association (SFPA) receives an annual contribution from the International Planned Parenthood Federation (IPPF) as well as contraceptives and medical supplies.

13. As can be seen, given the current donor situation of Sudan, UNFPA plays a unique role in terms of providing assistance for population and reproductive health activities in the country. The Fund cooperates with the programmes of the other multilateral donor agencies to the extent possible. It is, for example, participating with UNDP and UNICEF, its partners in the Joint Consultative Group on Policy (JCGP), in a joint development exercise in two regional centres -- Juba, in Bahr-El-Jabal State, and Kadogli, in Southern Kordofan State.

Proposed programme

14. The proposed programme would assist the Government in revising its quantitative national population and reproductive health targets for the year 2002 and help to develop more realistic ones. The Fund would build on its current assistance to reproductive health, including family planning, services and IEC and integrated women-in-development programmes in a cluster of underserved and priority states. These include Northern Kordofan, Southern Kordofan, Bahr-El-Jabal, Khartoum, Blue Nile and Nile states. These states were selected because of their high maternal mortality and fertility rates and their low contraceptive prevalence and female literacy rates compared to national averages. They were also chosen because other United Nations agencies and international NGOs are carrying out complementary work in these states, thereby maximizing efficiency and achieving greater impact. Quantifiable targets in the area of reproductive health would be set up on the basis of baseline surveys to be conducted in the proposed six states. The support being provided for population policy

development and advocacy activities at the national level would reinforce the reproductive health activities being carried out at the state level.

15. Reproductive health. To help reduce maternal mortality and morbidity in the six target states, support would be provided for the integration of reproductive health services, including emergency obstetric care, in 200 clinics run by the Government and NGOs at the primary health care level. This would be done through pre-service and in-service training, provision of basic maternal health care equipment and supplies and strengthening referral systems at the primary and secondary health care levels. To help increase the use of contraceptives, support would be channeled to training various categories of service providers in technical skills and interpersonal communication and the provision of commodities and supplies.

16. The Fund would provide contraceptives in the amount of approximately \$5 million over the life of the proposed programme in order to fulfill the needs of the population at the national level. It would also provide technical assistance to develop an efficient logistics system for the supply, management and distribution of contraceptives. The amount proposed for contraceptive procurement was estimated on the basis of current consumption plus an anticipated increase of 3 per cent a year in contraceptive use. The proposed programme would also assist the Government in identifying other sources for contraceptives and exploring ways of increasing its self-reliance in contraceptive procurement over the long run. The programme would help the Government address legal and policy barriers to contraceptive distribution.

17. A task force of pertinent government institutions and NGOs would be established for the planning and coordination of IEC and advocacy activities. A national population IEC strategy would be developed on the basis of cultural and behavioural research to be conducted under the proposed programme. IEC activities would take a multi-channel approach that would target pertinent segments of the population, including youth and adolescents. The programme would support training in IEC for media specialists. These activities would be carried out in collaboration with UNICEF and WHO.

18. UNFPA would collaborate with UNICEF in integrating population education, particularly concerning reproductive health and gender issues, into the curricula of secondary schools, teacher's training institutes and youth programmes. Support would be continued to revitalize the health management information system and to establish a reliable information base capable of providing inputs for programme development, monitoring and evaluation. In this respect, a KAP study of service providers in relation to female genital mutilation would be conducted by Ahfad University for Women, and the Fund would collaborate with UNICEF and WHO in conducting a National Safe Motherhood Survey in 1997. In addition, operations research would be conducted in order to try to devise measures to enable village midwives and TBAs to become involved in income-generating activities instead of performing female genital mutilation. Furthermore, UNFPA would cooperate with WHO in carrying out research on the quality of reproductive health service delivery.

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19. To help combat the spread of STDs, including HIV/AIDS, UNFPA would continue to collaborate with other United Nations agencies, especially UNAIDS, in the area of HIV prevention. UNFPA would also support reproductive health activities for the population in displaced camps on a limited scale in the six target states. UNFPA would continue to support integrated women-in-development activities, with emphasis on reproductive health, in the six states. Such activities would be coordinated, to the extent possible, with the Area Development Scheme of UNDP and the related activities of other United Nations agencies.

20. Population and development strategies. UNFPA would provide technical assistance to strengthen the capacity of the National Population Council (NPC) and other pertinent ministries to revise and finalize the draft population policy document and to develop a plan of action to help integrate population variables into national and sectoral development policies and programmes. In addition, UNFPA would provide technical assistance to the NPC to develop a database on population policy and programmes and would collaborate with UNDP, UNICEF and WHO to assist the Central Bureau of Statistics in establishing a national integrated information system. In this respect, UNFPA would help assess the current system and identify indicators crucial for monitoring and evaluating the achievements of the country's population programme, particularly in relation to ICPD goals.

21. Technical assistance would be extended to the Population Study Centre at Gezira University to review the curricula of the Master of Science programme in population and development to ensure that they are consistent with new post-ICPD paradigms. Support would also be provided for short-term training programmes for government and NGO staff on gender and reproductive health issues, the development and management of population programmes, and demographic statistics.

22. Advocacy. UNFPA would provide technical assistance to strengthen the capacity of pertinent government agencies and NGOs, such as the National Population Council, the National Development Information, Population and Communication Centre and the Sudan Family Planning Association to develop and implement an advocacy strategy. The programme would assist the Government in enlisting support for national population and reproductive health programmes through seminars and workshops directed at parliamentarians, other national decision makers, and religious and community leaders. There would be an emphasis on various issues facing women, including eradicating female genital mutilation, encouraging education for the girl child, reducing gender inequities and inequality, increasing women's participation in the labour force, improving their access to economic resources, and fostering greater participation by women in national decision-making. Advocacy efforts would also be designed to encourage a wider dissemination of reproductive health messages via radio, television and the press.

23. The programme would strive to enhance the coherence and complementarity among reproductive health, population and development, and advocacy activities so that they reinforce each other in a synergetic way. For example, data and research findings would be used as an advocacy

tool to eliminate legal and cultural barriers to reproductive health, including family planning, interventions, and to help integrate gender concerns into development programmes. By building on these strengths of the programme approach, all of the activities undertaken by the Fund would achieve greater impact.

Implementation, monitoring, evaluation and coordination

24. Implementation would be entrusted with the Sudanese Government and national NGOs, and certain programme elements would be directly executed by competent national NGOs and academic and government institutions. Other activities of the proposed programme would be executed by United Nations agencies that are represented in the country and by international NGOs identified on the basis of their competence and accumulated experience in the country. In order to improve national execution and implementation capabilities and ensure sustainability of activities, a short-term training programme would be established for government and NGO staff on UNFPA programme and project development, management, implementation, monitoring and evaluation. In addition, technical assistance and backstopping would be provided through local consultants and Country Support Team advisers. Additional technical support from international resident experts and United Nations Volunteers (UNVs) would be provided on a limited scale.

25. The programme would be coordinated by the Ministry of Finance, which is the focal point for the coordination of all multilateral assistance. The relevant indicators generated through baseline surveys under the various components of the programme would be used to monitor its achievements and progress. In addition, regular external evaluations of programme components would be conducted. A mid-term programme review is planned for 1999.

Recommendation

26. The Executive Director recommends that the Executive Board approve the programme of assistance for Sudan as presented, in the amount of \$17 million over the period 1997-2001, which would be programmed from UNFPA's regular resources to the extent such resources are available, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.
